



HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
5 NOVEMBER 2025

REPORT OF THE CHIEF EXECUTIVE AND ICS PERFORMANCE
SERVICE

HEALTH PERFORMANCE UPDATE

Purpose of Report

1. The purpose of the report is to provide the Committee with an update on public health and health system performance in Leicestershire and Rutland based on the available data in October 2025.
2. The report contains the latest available data for Leicestershire and Rutland and LLR on a number of key performance metrics (as available in October 2025) and provides the Committee with local actions in place.

Background

3. The Committee has, as of recent years, received a joint report on health performance from the County Council's Chief Executive's Department and the ICS Commissioning Support Unit Performance Service. The report aims to provide an overview of performance issues on which the Committee might wish to seek further reports and information, inform discussions and check against other reports coming forward.

Future Changes to Performance Reporting Framework

4. In March 2025 NHS England (NHSE) published its new NHS Performance Assessment Framework for 2025/26 setting out a revised approach to assessing how success and areas for health performance improvement will be identified and how organisations will be rated. The new framework replaces the NHS System Oversight Framework 2021/22. NHSE are testing new ICS operational plan submissions against the new framework. The framework data was published on 26 June 2025 in an interactive web-based public accountability tool.

5. The approach is based on assessing performance metrics across four domains of an integrated care system for ICBs and acute care, mental health, community and ambulance providers. The extensive set of metrics cover a wide range of areas including national operating objectives in the NHS planning guidance, finance and productivity metrics, public health and patient outcome metrics, quality and inequalities metrics, and priority system metrics.
6. A number of national and local priorities have been set for the health system for 2025/26 including: -
 - Improving referral to treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement. Improving performance against the cancer 62-day and 28-day Faster Diagnosis Standard to 75% and 80% respectively by March 2026.
 - Improving Accident and Emergency waiting times with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
 - Improving patients access to general practice, improving patient experience, and improving access to urgent dental care, providing 700,000 additional dental appointments.
 - Improving patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improving access to children and young people's mental health services, to achieve the national ambition for 345,000 additional children and young people aged 0 to 25 compared to 2019.
7. Delivery of the national priorities will aim to be achieved by focusing on -
 - Reducing demand through developing Neighbourhood Service models;
 - Making full use of Digital Tools;
 - Addressing inequalities and shifting towards secondary prevention;
 - Living within budget, reducing waste and improving productivity; Providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity.
 - Maintaining focus on the overall quality and safety of services.
8. The following 3 areas form the main basis of current reporting to this Committee, and they will continue to be revised as the new performance assessment approach takes shape:
 - a. ICB/ICS NHS System Priorities Performance Report – Appendix 1
 - b. Leicestershire Public Health Strategy outcome metrics and performance – Appendix 2.
 - c. Performance against metrics/targets set out in the Better Care Fund plan.

9. Performance reporting is also a key element of the LLR ICB Collaboratives, and many of these groups have Quality and Performance subgroups, which receive performance reports throughout the year.

NHS System Oversight Framework

10. The new NHS Oversight Framework 2025/26 describes a consistent and transparent approach to assessing integrated care boards (ICBs) and NHS trusts and foundation trusts, ensuring public accountability for performance and providing a foundation for how NHS England works with systems and providers to support improvement. This is a 1-year framework and has been developed with the engagement and contributions from the NHS leadership and staff, representative bodies and think tanks, including through two public consultations.
11. NHSE will report ICB performance against the full suite of oversight metrics, but will not issue a comparative rating. ICBs will still be assessed through a statutory annual assessment, which reviews how well each ICB is performing its statutory duties. NHSE will introduce the segmentation approach for ICBs in 2026/27.

Summary of ICB/ICS Performance

12. The performance report attached as Appendix 1 aims to provide a high-level overview of the Leicester, Leicestershire and Rutland (LLR) achievement of the 2025/26 National NHS System Priorities. Slides 5-7 set out NHS priorities for 2025/26 together with planned/targeted performance, actual performance and supporting rag ratings for 26 areas. Of those currently reported, 8 are green/achieving, 4 amber/within 5% and 8 red/under. A range of supporting slides set out further detail on progress/performance in service areas.
13. Red areas include - reducing the % of people waiting over 52 weeks for treatment to less than 0.9% of the total waiting list; improving category 2 ambulance response times to an average of 30 minutes across 2025/26; the number of people on waiting lists for CYP services who are waiting over 52 weeks; reducing average length of stay in adult acute mental health beds; reducing reliance on mental health inpatient care for people with a learning disability and people with autism; reducing reliance on mental health inpatient care for adults with autism; delivery of planned system financial deficit; increasing patients aged 18 and over with GP recorded hypertension below the treatment threshold.

14. A summary of some of the recent performance progress includes: -

Elective Care

- The UHL long wait position 65+ weeks is monitored daily by the Deputy COO for elective care (UHL).
- Utilising super-clinics to increase outpatient capacity.
- Advice and guidance funding allocated with an additional c.20,000 requests expected.
- Continued roll-out and focus on Patient Initiated Follow Ups to increase capacity for new patients.
- Validating patients who have been waiting over 12 weeks.
- Assessment of demand for elective treatment by specialty.
- Elective Care Referral To Treatment (RTT) training incorporated as pre-requisite for UHL's new patient administration system.
- Theatre productivity and outpatient transformation workstreams to improve productivity and increase capacity.
- Hinckley Community Diagnostic Centre opened – expect up to 70,000 tests this year supporting faster time to reach a treatment decision.
- Working closely with University Hospitals of Northampton and the Northants Integrated Care Board (ICB) to review benefits to working together to improve waits.

Cancer

- Clinical prioritisation of patients and review of next steps for >104-day patients.
- Additional weekly Patient Tracking List for challenged tumour sites in place.
- Recovery and Performance (RAP) meetings in place.
- East Midlands Cancer Alliance funding fully utilised.
- Additional Tier 1 funding being used to support challenged tumour sites.
- Oncology regional review of mutual aid and workforce opportunities (East Midlands Acute Providers) with East Midlands Cancer Alliance supporting.
- Working with University Hospitals of Northampton (UHN) to support Oncology fragile services.
- Pre-diagnosis nursing team supporting patient engagement.
- Radiotherapy 5th Linac operational, on track to clear backlog by January 2026.
- Radiotherapy mutual aid being provided from UHN, Nottingham University Hospitals (NUH) and University Hospitals of Coventry and Warwickshire (UHCW).
- Changes to prostate fractions in place (methods and schedules used to deliver radiation therapy).
- Implementation of paperless processes planned to support further capacity release in radiotherapy and review of scheduling to maximise capacity.
- Services working to increase cancer 1st appointment capacity for Head and Neck (H&N), Breast and Skin to support.
- H&N reviewing referral criteria and pathway improvement opportunities.

Urgent and Emergency Care

- Fortnightly meetings with NHSE Midlands to share best practice whilst UHL has been moved into Tier 2 monitoring owing to;

- ED 4hr performance.
- ED 12hr performance.
- Ambulance handover delays >45 mins.
- Work continues to improve ambulance conveyances directly to SDECs and avoiding the Emergency Department where clinically appropriate.
- Continuing with the establishment of NHS Pathways Directory of Service headline profiles for all UHL Same Day Emergency Care (SDEC) services to maximise patient navigation directly to those services and reduce ED pressure.
- Establishment of Ambulance Handover Working group to improve all handovers with the aim of reducing average handover time (which will impact on ambulance release and therefore Cat 2 time).
- Community beds audit in progress to also support the identification of appropriate beds for 'step up' from community referrals.
- UHL SDECs directory of care pathways in development to support digital access to information in primary care / community care.

Community Services

- Attention deficit hyperactivity disorder (ADHD) nurses see stable cases, releasing consultant capacity for new referrals. 1200 children remain on consultant caseload with c1900 transferred to Nurse Medical Prescriber.
- Advanced Nurse Practitioner (ANP) to support nursing capacity and oversight – 2 clinics set up with an additional 240 children allocated to ANP.
- Resources identified to support timely and appropriate response to complaints and concerns.
- ADHD nurse input to diagnostic pathway pilot maximises consultant capacity and will increase capacity to assess and diagnose ADHD, moving to a majority being undertaken by specialist nurses. Advanced Nurse Practitioner will facilitate roll out, with project management support. Remaining actions include specific demand and capacity work to maximise nurse caseload and development of a training and supervision structure.
- ADHD Annual Review Primary Care pilot increases follow up slots, exploring roll out options.
- Funding of one external educational psychology provider sustained for 2025/26 academic year to support continued capacity. Options for increased capacity under consideration (within existing resources)
- Clinical leaders review long waits for core service to pro-actively manage and deliver zero 52+ week waits.
- Patient tracking supports robust oversight at service, directorate and Trust level.
- Robust Did Not Attend/Was Not Brought measures minimise lost capacity.
- Health Innovation East Midlands applications to further enhance digital waiting well offer. Outcome awaited.

- Working with ICB to support alternative options for Voluntary, Community and Social Enterprise (VCSE) support following closure of ADHD Solutions.
- Robust waiting list management processes give early warning of changes to referral patterns which may risk lengthening waits.

Mental Health

- Now a standing agenda item on NHSE monthly assurance meeting.
- Improving Access to Children & Young People's (CYP) Mental Health and bringing services closer to the Children & Young People in neighbourhoods.
- Triage and Navigation - Run by Derbyshire Health United (DHU). Online Self-referral for C&YP and their parents and/or carers to improve access to MH services for C&YP.
- Eating Disorders - First Steps ED is an online service for eating disorders. They work closely with Child and Adolescent Mental Health Services (CAMHS) providing support for those discharged by CAMHS.
- Monthly meetings with providers to progress work on the CYP Waiting Time Metric.

Learning Disability and/or Autism

- An Options Appraisal has been developed by the LDA Collaborative in response to the increasing number of autistic adults being admitted; this was presented to the Collaborative Board meeting with positive assurance on the options presented. Progress being monitored through LDA Collaborative Board.
- A 'Time to Think' session held with Directorate Mental Health (DMH) colleagues in July 25 – LDA Collaborative supporting development of DMH plans. National NHSE funding provided for development of peer advocacy support.
- A Group Risk Summit is being arranged focusing on Autistic Adults in Escalation.
- Working Group to be established to develop a clinical model across both LDA and MH directorates in Leicester Partnership Trust (LPT) – initial work ongoing to review existing service specifications to ensure all available options are utilised.
- CYP requiring admissions to inpatient beds are continuing to be supported by the CAMHS Intensive Community Support Team (ICST), therefore reducing the length of stay of individuals.
- Number of CYP inpatients continues to remain at one – LLR met inpatient CYP trajectory from June 2024 onwards.
- Project meetings established to ensure young people at risk of admission are continuing to receive support from Keyworkers. Dynamic Support Pathway (DSP) Referral criteria and supporting processes are under review. The first DSP Project Group meeting took place in August 2025, where the project plan was shared and formally agreed. The DSP Hub team is now piloting the use of a clinical prioritisation tool developed by Cheshire and Wirral.

Use of Resources/Finance

- The ICB is forecasted to exceed its running cost allocation due to under delivery against the corporate staff costs target.
- Staff 'Bank' spend is above the system cap YTD and forecast to continue to be at year end, however this was planned at the start of the year.

Maternity

- As a level 3 neonatal intensive care unit (NICU) we accept very sick babies across the region. We are keen to understand what additional factors other than medical complexities may be contributing to this. In response several steps are in place including working with other hospital trusts and Public Health colleagues both regional and local to build a deeper understanding of our population health needs and demographics to support us improve outcomes for mothers and babies.
- Our local picture mirrors the national data. We are doing work with our maternity services and public health colleagues around access to care and understanding demographic issues.
- Service hoping to have recruited into all vacancies by the end of this calendar year including a pipeline to cover expected attrition rates with the midwives who are due to complete their course later this year.
- Continued working with the universities and to implement the Safer Learning Environmental Charter (SLEC) principles to improve retention.

Hypertension and Lipids (fats)

- Place-based targeted work to support practices below target to identify patients and optimise their treatment, linked to neighbourhood plans.
- Understanding gaps and ensuring a more targeted approach to address this, by focusing more effort on those 18 to 79 years old.
- Hypertension Task and Finish group at their last meeting considered a focus on effective approaches for different population groups, combined with practice-based interventions and community engagement.
- Gaps in detection highlighted via the PCN Direct Enhanced Services assurance group.
- Community pharmacy data being used to identify where opportunistic measures are not being taken.
- Monthly review of practice delivery against trajectory and placed based performance shared with relevant place-based leads for information and action to support practices below target to identify patients and optimise their treatment, linked to neighbourhood plans.
- Review of the LLR lipid pathway to make accessible to more practice staff.
- Communications plan to support medication adherence, linked to national campaigns.

- Use of business intelligence to understand gaps and ensure a more targeted approach.

Public Health Outcomes Performance – Appendix 2

15. Appendix 2 sets out current performance against a range of outcomes set in the performance framework for public health. The Framework contains 36 indicators related to public health priorities and delivery. The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that Leicestershire is performing better than the England value or benchmark and 'red' worse than the England value or benchmark.
16. Analysis shows that of the comparable indicators, 13 are green, 18 amber and 2 red. There are 3 indicators that are not suitable for comparison or have no national data.
17. Of the thirteen green indicators: cancer screening coverage-bowel cancer, has shown significant improvement over the last five years. Cervical cancer screening coverage (25-49 years old) and cervical cancer screening coverage (50-64 years old) have both shown a significant declining (worsening) performance over the last five years, whilst new STI diagnoses (excluding chlamydia aged 24 years and under) has shown a significant increasing (worsening) performance.
18. Of the eighteen indicators that are amber: smoking status at time of delivery has shown significant improvement over the last 5 time periods. Successful completion of drug treatment: non opiate users and admission episodes for alcohol-related conditions have both shown a significant worsening performance over the last five years.
19. Of the two red indicators: HIV late diagnosis in 2022-24, Leicestershire ranked 15th out of 16 when compared to its nearest statistical neighbours. For the cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check in 2020/21-2024/25, Leicestershire ranked 11th out of 16. Further work is underway to progress improvement across the range of indicator areas. Further consideration will be given to actions to tackle these areas as part of the Health and Wellbeing Strategy implementation and the public health service plan development process.
20. Inequality in life expectancy at birth for males in Leicestershire falls within the best quintile of the country, whilst females fall within the 2nd best quintile.

Leicestershire and Rutland have combined values for the following two indicators
 - successful completion of drug treatment (opiate users) and successful completion of drug treatment (non-opiate users).

Better Care Fund and Adult Care Health/Integration Performance

21. Nationally, the Better Care Fund (BCF) plan guidance for 2025/26 was published by NHS England (NHSE) in January 2025. Full Health and Wellbeing Board BCF Submissions were made by end of March 2025, with outcome letters in May 2025.

22. The BCF performance framework for 2025/26 is set out in the table below: -

Emergency Admissions	
Indicator	Emergency admissions to hospital for people aged 65+ per 100,000 pop.
Supporting Metric	Unplanned hospital admissions for chronic ambulatory care sensitive conditions per 100,000 pop.
Supporting Metric	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.
Discharge Delays	
Indicator	Average length of discharge delay for all acute adult patients
Indicator	Proportion of adult patients discharged from acute hospitals on their discharge ready date
Indicator	For those adult patients discharged on Discharge Ready Date (DRD), average number of days DRD to discharge
Supporting Metric	Patients not discharged on their DRD, and discharged within 1 day, 2-3 days, 4-6 days, 7-13 days, 14-20 days and 21 days or more.
Supporting Metric	Local data on average length of delay by discharge pathway.
Residential Admissions	
Indicator	Long-term support needs of older people (age 65 and over) met by admissions to residential and nursing care homes, per 100,000 population.
Supporting Metric	Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.

Supporting Metric	The proportion of people who received reablement during the year, where no further request was made for ongoing support.
-------------------	--

23. The table below shows the latest BCF metrics for the 2025/26 financial year, the targets and outturns for Q1 where available:

Metric	Target Q1	Actual Q4 (24/25)	Commentary
Indirectly standardised rate (ISR) of emergency hospital admissions per 100,000 population	1599	11691	The monthly targets for January and February 2026 have been amended slightly against the agreed plan based on the 2025 actuals. Actual data for Q1 has not been published however Q4 was on target (variance of 0.057)
Average length of discharge delay for all acute adult patients, derived from a combination of: proportion of adult patients discharged from acute hospitals on their discharge ready date (DRD) for those adult patients not discharged on DRD, average number of days from DRD to discharge.	85.4% 3 days	84.9% 4.4 days	The target has not been revised and remains the same as published for this metric. As at Q4 for 24/25 we were performing 0.5% off target against the projected Q1 performance. And we were taking 1.4 days longer to discharge delayed patients than the projection for Q1.
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	217	208	The plan for 2025/26 is to reduce admissions to 867 across the full year; down from 925 the previous year. This equates to around 217 admissions per quarter and therefore the figure of 208 in Q1 is on target.

List of Appendices

Appendix 1 – LLR NHS System Priorities Performance Report

Appendix 2 – Public Health Outcomes – Key Metrics

Background papers

University Hospitals Leicester Trust Board meetings can be found at the following link:

<http://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/>

LLR Integrated Care Board meetings can be found at the link below

<https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/>

NHS Performance Assessment Framework for 2025/26.

Officers to Contact

Alison Buteux – Senior Performance Manager, NHS Midlands and Lancashire
Commissioning Support Unit alison.buteux@nhs.net

Victoria Rice - Public Health Intelligence Business Partner victoria.rice@leics.gov.uk

Philippa Crane, Better Care Fund Lead Intelligence Analyst,
Philippa.Crane@leics.gov.uk

Andy Brown – BI Team Leader, Andy.Brown@leics.gov.uk

This page is intentionally left blank